

1636  
8FW

Atty. Docket No. JAB-1415



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Contreras et al. Confirmation No.: 1386  
Appln. No. : 09/763,011  
Filed : February 14, 2001  
Title : DRUG TARGETS IN CANDIDA ALBICANS  
Art Unit : 1636  
Examiner : Ramin Akhavan

I hereby certify that this correspondence is being deposited with the  
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April 8, 2005

(Date of Deposit)

Laura A. Donnelly

(Name of applicant, assignee, or Registered Representative)

/Laura A. Donnelly/

(Signature)

April 8, 2005

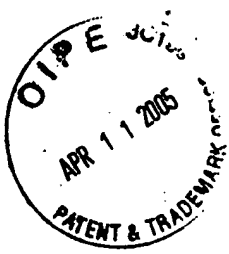
(Date of Signature)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the Restriction Requirement of March 8, 2005, the time for responding thereto being set to expire April 8, 2005, please amend the above-identified application as follows:



Serial No. 09/763,011 Docket No. JAB-1415 By: LAD  
Application of: Canteras et al Mailed: April 8, 2005  
Entitled: Drug Targets in Candida Albicans

THE FOLLOWING HAS BEEN RECEIVED IN THE U.S. PATENT OFFICE ON THE DATE STAMPED HEREON:

- |   |  |
|---|--|
| <input type="checkbox"/> Oath or Declaration                                    | <input type="checkbox"/> Drawings <u>    </u> sheets                       |
| <input type="checkbox"/> Assignment   | <input type="checkbox"/> MPEP 609/ <u>                    </u>             |
| <input checked="" type="checkbox"/> Response to <u>Restriction Requirement</u>  | <input type="checkbox"/> Notice of Appeal                                  |
| <input type="checkbox"/> Fee Transmittal  | <input type="checkbox"/> Brief   |
| <input checked="" type="checkbox"/> Charge to Deposit Account 10-0750           | <input type="checkbox"/> Priority Document                                 |
| <input type="checkbox"/> Amendment  | <input type="checkbox"/> Status Inquiry                                    |
| <input type="checkbox"/> Extension of Time                                      | <input type="checkbox"/> Sequence Listings/Diskette                        |
| <input type="checkbox"/> Issue Fee Transmittal                                  | <input type="checkbox"/> Biological Deposit Declaration                    |
| <input type="checkbox"/> PCT Filing <u>                                    </u> | <input type="checkbox"/> Other <u>                                    </u> |
| <input type="checkbox"/> IDS-Form 1449  |  |